

PROTOCOL FOR A PROPOSED LSD-25 STUDY

I. TITLE:

A CLINICAL STUDY OF THE EFFECTS OF LSD-25 ON PATIENTS
UNDERGOING CLIENT-CENTERED PSYCHOTHERAPY

II. RATIONALE:

There is increasing evidence that LSD-25 alters consciousness in ways that have traditionally been regarded as therapeutic for the human subject. During the transient dissociative state induced by LSD-25 psychic defenses and resistance are lowered; repressed memories are recovered with release of previously bound affect; conflictual material is viewed with increased detachment; the patient-therapist relationship is enhanced; and the patient remains lucid throughout the experience.

Earlier studies have investigated the use of LSD-25 in conjunction with a directive, personally involved type of psychotherapy and as an adjunct to the classical, interpretive psychoanalytical approach. Since there is in this country a rapidly growing acceptance and use of the client-centered type of psychotherapy characterized chiefly by such non-directive attitudes on the part of the therapist as empathy, unconditional acceptance and genuineness, it would be of interest to determine whether this process is facilitated by LSD-25.

If it be held that lasting changes in attitude and behavior can only come about through the release of organismic growth forces from within the patient, then the optimal therapist-LSD role could be essentially catalytic rather than manipulatory. Disregard of this principle may conceivably have resulted in the not infrequent "fading effect" reported in previous studies of psychotherapy with LSD-25.

A positive finding in this study would tend to define further the optimal psychotherapeutic approach for use with LSD-25 and perhaps furnish additional evidence pertinent to the client-centered hypothesis. A negative finding would be equally useful in further narrowing the search for the most effective type of psychotherapy for use with LSD-25.

III. RESEARCH DESIGN:

A. Patient Selection

Individuals will be selected for this study from outpatient volunteers currently undergoing individual and/or group psychotherapy of an essentially client-centered type. Patients will not be restricted to any one diagnostic category, although most will be ambulatory psychoneurotics representative of the broad range of anxiety, depressive, compulsive and psychophysiological disorders seen in the private practice of psychotherapy. It is not envisioned that chronic psychotics or alcoholics will be included in this study.

It is intended that upon acceptance volunteers will be given appropriate clinical screening, psychological testing and educational preparation for the LSD experience, including an exposition of possible risks and dangers. Drug treatments will be administered within the framework of preceding and following psychotherapy.

B. Pre-LSD Procedures

1. Psychiatric interview(s) for diagnostic, evaluative and preparatory purposes.
2. Self-written emotional autobiography of significant affectual highlights in past history.
3. Other-evaluation by Therapist Rating Scales and Willoughby Mental Maturity Scale for use by relatives, colleagues and close friends.
4. Psychological Test Battery:
 - a. Minnesota Multiphasic (MMPI)
 - b. Rorschach
 - c. Thematic Apperception (TAT)
 - d. Q-sorts: (Self, Other, Ideal)
 - e. Edwards Preference
 - f. Allport Vernon
 - g. Human Figure Drawing
 - h. F-Scale (Authoritarian Personality)

C. Administration of LSD-25

The LSD-25 treatments will be administered by a research team consisting of a supervising psychiatrist (M.D.), two clinical psychologists (Ph.D.), trained nurse (R.N.), and secretary-recorder, each of whom will have had personal experience with the subjective effects of LSD-25.

For the purpose of this study LSD-25 will be administered by mouth in progressive doses of 50 gamma, 100 gamma and 150 - 200 gamma, depending upon clinical circumstances in the case and the results of continuing experience with the drug. Treat-

ments will be given at weekly intervals in a special room in a general hospital setting, pleasantly furnished and provided with suitable perceptual stimuli such as music, pictures, variable lighting, mirrors, photographs, art materials and access to a nearby tropical garden.

Adequate safeguards will be provided at all times with constant attendance by trained personnel having immediate access to antidotal medications. Patients having disturbed or delayed reactions to LSD-25 will be hospitalized overnight under the care of a psychiatrist. In certain instances patients may be allowed to return to their homes in the care of responsible and knowledgeable persons.

D. Post-LSD Procedures

1. Continuing non-drug psychotherapy to assimilate the meaning of the LSD-25 experience and to consolidate new insights and behavioral changes.

2. Review of pertinent recorded material from the LSD-25 sessions.

3. Written or tape-recorded subjective description of significant aspects of the LSD-25 experience to supplement and compare with pre-LSD emotional autobiography.

4. Ongoing group therapy with other patients having had the LSD-25 experience.

5. Followup psychological testing and self-other evaluation procedures (as outlined in B.above) to measure type and degree of attitudinal and behavioral changes, administered at approximately six month intervals.

IV. PUBLICATION:

Accurate records of research data are to be kept, and if the findings are considered significant, results of the study will be published in appropriate ethical journals.